**Kentucky Department for Medicaid Services**

# Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the July 19, 2007, meeting of the Pharmacy and Therapeutics Advisory Committee.

| Item | Options for Consideration |
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| **Low Molecular Weight Heparins** | 1. Low Molecular Weight Heparins appear to be equivalent in safety and provide similar efficacy based on the decision of the American College of Clinical Pharmacology to make no distinction among the agents for orthopedic surgery prophylaxis or treatment of VTE.<br>2. DMS to select at least one preferred agent based upon economic evaluation.<br>3. Agents not selected as preferred will require a prior authorization.<br>4. Require therapeutic failure of one preferred agent prior to approval of non-preferred agents.<br>5. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 30 days.<br>6. For any new chemical entity, product, or dosage form of Low Molcular Weight Heparins, require a prior authorization until reviewed by the P & T Advisory Committee. |
| **Triglyceride Lowering Agents** | 1. Non-statin oral agents for lowering triglycerides are similar in efficacy in their effect, and equivalent in safety for the treatment of patients who require combination therapy or cannot tolerate a statin.<br>2. DMS to select all generics and at least one brand agent based upon economic evaluation.<br>3. Agents not selected as preferred will require prior authorization.<br>4. Require therapeutic failure of preferred agent prior to approval of a non-preferred agent.<br>5. For any new chemical entity, product or dosage form for Lipotropic products, require prior authorization until reviewed by the P & T Advisory Committee. |
| **Pulmonary Hypertension Agents** | 1. Oral agents for treatment of pulmonary arterial hypertension are equivalent in efficacy but not in safety and should be used in selected patients.<br>2. DMS to select at least one of these agents as preferred based upon economic evaluation and the P & T Advisory Committee's review of safety.<br>3. Require clinical prior authorization for these agents regardless of preferred or non-preferred status. These agents should be considered refractory therapy for those patients who cannot tolerate treatment with other therapeutic options. |

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| | 4. Require clinical prior authorization with a gender edit for Letairis and Tracleer to confirm pregnancy status.<br>5. For any new chemical entity, product or dosage form for pulmonary arterial hypertension agents, require prior authorization until reviewed by the P & T Advisory Committee. |
| **Topical Agents for Psoriasis** | 1. Topical steroids remain the mainstay of topical psoriasis treatment.<br>2. The topical agents indicated for Psoriasis being reviewed are equivalent in safety and efficacy within their respective classes when used as single agents.<br>3. DMS to select at least one agent as preferred for Psoriasis based upon economic evaluation.<br>4. Non-preferred agents will require prior authorization.<br>5. Require therapeutic failure of preferred agent(s) prior to approval of non-preferred agent for Psoriasis indication only.<br>6. For any new chemical entity, product or dosage form indicated for Psoriasis, require prior authorization until reviewed by the P & T Advisory Committee. |
| **Tekturna Single Agent Review** | 1. DMS to select this agent as non-preferred based on lack of demonstrated efficacy over existing ACEI and ARB classes, significant drug interactions, and economic evaluation.<br>2. Require clinical prior authorization for this agent regardless of preferred or non-preferred status with a Step Therapy Edit for the ARB class.<br>3. For any new chemical entity, product, combination product or dosage form in the Direct Renin Inhibitor Class, require prior authorization until reviewed by the P & T Advisory Committee. |

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.